

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for class
C Authority (Taxi)

Robert D. Mollenhauer, Jr.
(Please type or print)

Submitted by: Robert D. Mollenhauer, Jr.

Address: 2176 Marion Circle
Little River, SC 29516

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2010 - 198 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

Telephone: (843) 455-3514

Fax: _____

Other: _____

Email: _____

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input checked="" type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

Date: 6/08/10

CLASS C - TAXI

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Robert D. Mollenhauer, Jr.

dba: Holiday Transportation
Street Address of Applicant

2176 Marion Circle, Little River, SC 29566
Mailing Address of Applicant if different from street address

(843) 455-3514
Phone Fax

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship
☐ Partnership - List names and address of all person having an interest in the business.
☐ Corporation - List names and addresses of two principal officers.

125

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month _____ Year _____

Assets:

Cash	1,500.00
Receivables	
Real Estate	
Buildings and Equipment (Net)	
Motor Vehicles (Net)	
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	
Prepays and Other Assets	
Total Assets	1,500.00
<u>Liabilities and Equity:</u>	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity	1,500.00

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

\$ 2.40 per mile

Counties to be Served:

unlimited

Maximum Number of Passengers per Vehicle:

7

DESCRIPTION OF EQUIPMENT

[illegible]

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

Robert D. Mollenhauer, Jr. dba: Holiday Transportation
Name of Motor Carrier

2176 Marion Circle, Little River, SC 29566
Address of Motor Carrier

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ 3,300.00

Limits 25/50/25

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1-7 Passengers	\$ 25,000/50,000/25,000
8-15 Passengers	\$ 25,000/100,000/25,000

Canal Insurance
Name of Insurance Company

P.O. Box 7, Greenville, SC 29602
Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

6/08/10
Date

Jayson B. Dwyer
Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

Exhibit FWA

Robert D. Mollenhauer Jr., dba: Holiday Transportation
Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Taxi Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Taxi Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA)

COUNTY OF Horry)

R.D. Mollenhauer, Jr.
Applicant's Signature

I, Robert D. Mollenhauer, Jr., Owner
Name of Applicant's Representative Title

of Holiday Transportation,
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

R.D. Mollenhauer, Jr.
Signature of Applicant's Representative

SWORN TO BEFORE ME
This 8th day of June, 2010

Gregory B. Huesady
Notary Public

Commission Expires 9/12/13

STATE OF SOUTH CAROLINA
OFFICE OF REGULATORY STAFF
TRANSPORTATION DEPARTMENT

The Law requires that you secure licenses on or before July 1, 2010. Enforcement for the period July 1, 2010 through December 31, 2010 will begin July 1, 2010.

UNLESS YOU COMPLY WITH THE MOTOR CARRIER LAWS OF SOUTH CAROLINA AND THE RULES AND REGULATIONS ISSUED THEREUNDER BEFORE JULY 1, 2010, A RULE TO SHOW CAUSE ORDER WILL BE ISSUED AND COULD RESULT IN REVOCATION OF YOUR OPERATING CERTIFICATE.

Your correct name is on the enclosed forms to assist you in ordering your Last-Half Year 2010 License Decals. If you need additional forms, please copy the form with the correct name and remit for each vehicle. To determine your license fee(s), use the empty weight of your vehicle listed on the title or registration card. Please destroy old decal(s) once you have secured the decal(s) for the new period.

License decals may be purchased by submitting a business and/or personal check, money order, certified/cashier check or cash. All checks must be made payable to the Office of Regulatory Staff. All completed applications and applicable fees should be mailed to:

State of South Carolina
Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 900
Columbia, SC 29201

If you need assistance in completing your license decal application, please contact the Transportation Department at (803) 737-0800.

Thank you for ordering your license decal(s) before June 15, 2010.

STATE OF SOUTH CAROLINA OFFICE OF REGULATORY STAFF
TRANSPORTATION DEPARTMENT
1401 MAIN STREET, SUITE 900
COLUMBIA, S.C. 29201
(803) 737-0800

APPLICATION FOR LICENSE DECAL

INSTRUCTIONS:

1. Motor Vehicle Carrier license fees are due and payable semiannually on or before January 1 and July 1 of each year. Business and/or personal checks, cash, money order, certified, or cashier's check must be payable to the Office of Regulatory Staff.
2. All licenses issued for the first-half year will expire June 30; all licenses issued for last-half year will expire December 31.
3. Type or write plainly any changes or corrections. Fill this form out completely or it may delay decal processing.
4. Mail completed application and applicable fees to: SC Office of Regulatory Staff, 1401 Main Street, Suite 900, Columbia, SC 29201.
5. You are REQUIRED to complete the Owner of Vehicle Information. Applications received without the required information may be returned unprocessed.
6. You must be in compliance with all PSC/ORS requirements before any decal(s) will be issued.

CLASS C - Taxi

Application is hereby made to the Office of Regulatory Staff of South Carolina, Columbia, SC, for license for the motor vehicle described in the following for the period ending December 31, 2010

Certificate Holder: Robert D. Mallenhauer Jr. dba: Holiday Transportation
2176 Marion Circle, Little River, SC 29566
Mailing Address City, State and Zip Code

Street Address if Different From Mailing Address Telephone No. (843) 455-3514

Owner of Vehicle Same as above
Name as Listed on the Title or Registration City, State and Zip Code

VEHICLE IDENTIFICATION	
Make of Vehicle <u>Buick</u>	Seating Capacity <u>7</u>
Body Type <u>Sedan (4 Dr.)</u>	License Plate # <u>new</u>
VIN Number <u>1G8ZL1241000000000000</u>	Empty Weight <u>3300</u>
Year Model <u>1999</u>	FEE \$ <u>15.00</u>

*** FARES OR CHARGES (List maximum rates only; mandatory to receive decal)

\$ 2.40 per mile

APPLICANT'S SIGNATURE: [Signature]